

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/470168		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		3		1		
2		1					52	1					
3		1					53	1					
4		1					54		2				
5		1					55		1		1		
6		1					56		1		1		
7		1					57		1		1		
8		1					58		3		1		
9		1					59		2		1		
10		1					60		1		1		
11		1					61		1		1		
12		1					62		1		1		
13		1					63				1		
14		1					64			1	1		
15	1						65				1		
16		1					66				1		
17		1					67				1		
18		1					68				1		
19		1					69				1		
20		1					70				1		
21		1					71				1		
22		1					72				1		
23		1					73				1		
24		1					74				1		
25		1					75				1		
26		1					76				1		
27		1					77				1		
28		1					78				1		
29		1					79				1		
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		3					97						
48		3					98						
49		3					99						
50		3					100						
TOTAL IND.		1					TOTAL IND.	4			2		
TOTAL DEP.							TOTAL DEP.	72			57		
TOTAL CLAIMS							TOTAL CLAIMS	76			59		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE  
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